U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or c v : penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
E		
1. File Number U - /2387	2. Fiscal Year Covered From.	
	01/01/2004 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and accress of labor organization.	
Name STEPHEN THORATON	Name SERVICE EMPLOYEES INT'L WIDE LOCAL	
	Labor Organization File Number 5)3 846	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 77 HUYSHOPE AUE	Street 77 HUYSHOPE AVE	
City HARTFORD	City HARTFORD	
State CT ZIP Ccde + 4 C610C	State CT ZIP Code + 4 06/06	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or ir cirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Ccde + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable per alties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed SMWWT	on 18.4.05 860, 525-6510	
	Date Telephone Number	

Name of Person Filing STEPHEN THORNTON	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other or selling or leasing to, or other or an employee whose employees your labor organization or with a trust in which your labor organization or with a trust	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name N.E.H.C.E.U. PENSION FUND	a. Labor Organization	
Trade Name, if any:	> b. Trust	
P.O. Box, Bldg., Room No., if any 2 PLOOR  Street 77 HUYSHOPE AVE	c. Employer	
City HARTFORD		
State CT ZIP Code + 4 06106		
10. If 9 b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea ng.	
Name	NA	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Ccde + 4	12.a. Nature of interest he'd or income received.	
	TRUSTEE MEETINGS	
		77
	12.b. Amount. 86	3
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	, , , , , , , , , , , , , , , , , , , ,
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	<del></del>
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4	1	
State ZIP Code + 4	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	14.5.7 dilouite of payri one	

Name of Person Filing STEPHEN THORNTON	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8 Name and address of Business (including trade name, if any).	9. Business deals with	
Name N.E.H.C.E.U. HEALTH AND WELFARE FUNS	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any 2" FLOCK  Street 77 HWISHOPE AVE	c. Employer	
114.0		
State CT ZIP Code + 4 Oblus		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name A BOVE	NA	
Trade Name, if any:	,	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	TRUSTEE MEETINGS	
	10H 77	
	12.b. Amount. 189.32	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer ary payment of money	er parts A and B above) or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with.
Name	
Trade Name, if any:	a. Labor Organization  b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	S. Zinpisye.
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code ÷ 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under the or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	